

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038115

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9631

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

11-5 OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION City Hosp.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET (if outside, give location)

ADDRESS

4506 Minnesota

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Michael

Middle

Eugene

Last

Vaninger

4. DATE

OF

DEATH

Month

Day

Year

Sept.

25

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/8/59

9. AGE (last birthday)

3

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Clifford F. Vaninger

13b. MOTHER'S MAIDEN NAME

Shirley Sheedy

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Clifford F. Vaninger 4506 Minn.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock; hemorrhage from ruptured left auricle; cerebral edema, plus fractured skull suffered when struck by car operated by one Samuel Soles in front

DUE TO (b)

of about 3721 Nebraska about 10:15 A.M. on

September 24, 1963 Accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

see above

20c. TIME OF INJURY

10:15 A.M. 9/24/63

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street 24

20f. CITY, TOWN, OR LOCATION

St. Louis, Missouri

COUNTY

STATE

21. I attended the deceased from

Death occurred at

5:35

P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree of title)

Paul J. Simon

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

9/26/63

23a. BURIAL, CREATION, REMOVAL (Specify)

Removal

23b. DATE

9/28/1963

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cem.

23d. LOCATION (City, town, or county)

St. Louis

Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kutas

2906 Gravois

25. DATE RECD. BY LOCAL REG.

SEP 27 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

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75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body* whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4861

P. O. Address St. Louis, Mo. 63119

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Carver